

<b>Case Number:</b>	CM13-0042974		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/29/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The records, presented for review, indicate that this 26-year-old gentleman was reportedly injured on December 29, 2012. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated October 9, 2013, indicated that there were ongoing complaints of bilateral foot pain. The physical examination demonstrated tenderness over the right and left medial band of the plantar fascia and below the medial calcaneal tubercle. Diagnostic imaging studies of the feet were stated to be normal. Previous treatment included the use of orthotics. A request had been made for a three month rental of a neuromuscular stimulator, the purchase of a conductive garment, and three months electrodes and was not certified in the pre-authorization process on October 10, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**THREE MONTH RENTAL OF A MEDS3 NEUROMUSCULAR STIMULATOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 121.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the use of a Neuromuscular Stimulator is only indicated as part of a rehabilitation program following a stroke. Considering this, the request for three month rental of a Meds3 Neuromuscular Stimulator is not medically necessary.

**PURCHASE OF A CONDUCTIVE GARMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 121.

**Decision rationale:** Since the primary service is not medically necessary, none of the associated services are medically necessary.

**THREE MONTHS OF ELECTRODES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 121.

**Decision rationale:** Since the primary service is not medically necessary, none of the associated services are medically necessary.